Complete and send	5 10:52AM CCS	oltgal.Ami	5 - FEE(\$) 1 K £		NO. 263	P. 1	
IAN O. 5 anas Co	BEST AV	AILABLE	COPY	Mail Stop ISSU Commissioner (P.O. Box 1450 Alexandria, Vir (703) 746-4000	for Patents		
INSTRUCTIONS This for appropriate of further contents corrected manufacture for notification current correspondent	orm should be used for training the below or directed otherwise na.	namitting the ISSU Patent, advance or a in Block 1, by (a	TE FEE and PUBLE ders and notification) specifying a new	CATION FEE (if req n of maintenance fees correspondence addres	uired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a se	should be come at correspondence parate "PEE AD	leted e addr DRES
	GE ADDRESS (Note: Uno Block 1 & 590 12/21/2004	any change of address)		Note: A certificate of Fee(s) Transmittal. T papers. Each addition have its own certificate.	f mailing oan only be used his certificate cannot be used all paper, such as an assignm the of mailing or transmission	for domestic ma I for any other ac nent or formal d	ilings compa awing
CORNING CAB	LE SYSTEMS LLC			C	ertificate of Mailing or Tree	nomiculan	
P O BOX 489 HICKORY, NC 28	3603			I hereby certify that States Postal Service addressed to the Ma	this Fee(s) Transmittal is being with sufficient postage for full Stop ISSUE FEB address FTO (703) 746-4000. on the	ng deposited with first class mail in as above, or bei	b the l an cur ag fac
5/2005 AOSMAN2 000000	028 192167 10805892			Tatricia	L. Mesur		nosimrs
:1501 1400.00 1				7000		5	(Sig
::1504 300.00 I	DA			- to less	en Mo	Nie	ســ
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		NTOR	ATTORNEY DOCKET NO.	CONFIRMA	ION N
10/805.892 03/22/2004			Steven C. Del Grosso		HE0189-A	191)
APPLN. TYPE SMALL ENTITY		1					
	<u> </u>	ISSUE FE	3B P	UBLICATION FEE	TOTAL FEE(S) DUB	DATE	UB
APPLN. TYPE nomprovisional	NO NO	1\$\$UE FE \$1400		\$300	TOTAL FEE(S) DUB	DATE (03/21/2	
	NO						
nomprovisional EXAM	NO	\$1400		\$300			
nomprovisional EXAM NGUYEN, 1. Change of correspondence	NO MINER	\$1400 ART UNI 2839	2. For printing on	\$300 LASS-SUBCLASS 385-071000 the patent front page, I	\$1700		
nomprovisional EXAM NGUYEN, 1. Change of correspondence CFR 1.363).	NO MINER KHIEM M e address or indication of "F	\$1400 ART UNI 2839 ee Address" (37	2. For printing on (1) the names of or agents OR, alte	\$300 LASS-SUECLASS 385-071000 the patent front page, I to 3 registered paternatively,	\$1700		
nomprovisional EXAM NGUYEN, 1. Change of correspondence CPR 1.363). Change of correspond Address form PTO/SB/12	NO MINER KHIEM M	\$1400 ART UNI 2839 ee Address" (37 Correspondence	2. For printing on (1) the names of or agents OR, alte	\$300 LASS-SUECLASS 385-071000 the patent front page, I to 3 registered paternatively,	\$1700		
nomprovisional EXAM NGUYEN, 1. Change of correspondence (CFR 1.363). Change of correspond Address form PTO/SB/12 Tece Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	NO MINER KHIEM M c address or indication of "F lence address (or Change of 22) attached. Sion (or "Fee Address" Indication for "Fee Address" Indication for more recent) attached. Use	\$1400 ART UNI 2839 ee Address" (37 Correspondence axion form c of a Customer E PRINTED ON T.	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered patem listed, no name w HE PATENT (print	\$300 LASS-SUECLASS 385-071000 the patent front page, I up to 3 registered paternatively, single firm (having as y or agent) and the nant attorneys or agents. It ill be printed.	ist int attorneys 1 a member a 2 cos of up to no name is 3	03/21/2	005
nomprovisional EXAM NGUYEN, 1. Change of correspondence (CFR 1.363). Change of correspond Address form PTO/SB/12 "Foc Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	NO MINER KHIEM M c address or indication of "F lence address (or Change of 22) attached. Sion (or "Fee Address" Indication for "Fee Address" Indication for more recent) attached. Use	\$1400 ART UNI 2839 ee Address" (37 Correspondence axion form c of a Customer E PRINTED ON T.	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered patem listed, no name w HE PATENT (print	\$300 LASS-SUECLASS 385-071000 the patent front page, I up to 3 registered paternatively, single firm (having as y or agent) and the nant attorneys or agents. It ill be printed.	ist int attorneys 1 a member a 2 cos of up to no name is 3	03/21/2	005
nomprovisional EXAM NGUYEN, Change of correspondence I. Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	NO MINER KHIEM M c address or indication of "F lence address (or Change of 22) attached. tion (or "Pec Address" Indication for "Pec Address" Indication for more recent) attached. Use RESIDENCE DATA TO B san assignee is identified be 137 CFK 3.11. Completion	art UNI 2839 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON T	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered paten listed, no name w HE PATENT (print lata will appear on a substitute for filin) RESIDENCE: (CIT	\$300 LASS-SUECLASS 385-071000 the patent from page, I top to 3 registered patentatively, single firm (having as yor agent) and the nantationneys or agents. If all be printed or type) the patent. If an assign an assignment. Y and STATE OR CO	ist int attorneys a member a cres of up to no name is acc is identified below, the country)	03/21/2	005
nomprovisional EXAM NGUYEN, Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 Free Address" indicate PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	NO MINER KHIEM M e address or indication of "F lence address (or Change of 22) attached. ion (or "Pee Address" Indicator more recent) attached. Use or more recent) attached. Use an assignee is identified by 37 CFR 3.11. Completion in the completion of the com	art UNI 2839 ee Address" (37 Correspondence axion form e of a Customer E PRINTED ON Tallow, no assignee dof this form is NOT	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w HE PATENT (print lata will appear on a substitute for filin RESIDENCE: (CIT	\$300 LASS-SUECLASS 385-071000 the patent front page, I up to 3 registered paternatively, single firm (having as y or agent) and the nart attorneys or agents. If ill be printed or type) the patent. If an assign a assignment. "Y and STATE OR CO	st s	03/21/2	005
nomprovisional EXAM NGUYEN, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 Proc Address" indicat PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	NO MINER KHIEM M c address or indication of "F lence address (or Change of 22) attached. ion (or "Fee Address" Indication for "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified by 37 CFR 3.11. Completion SEE Lole Systems assignee caregory or ostogor	S1400 ART UNI 2839 ee Address" (37 Correspondence arion form e of a Customer E PRINTED ON Tollow, no assignee dof this form is NOT (B)	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w HE PATENT (print lata will appear on a substitute for filin RESIDENCE: (CIT	\$300 LASS-SUECLASS 385-071000 the patent front page, I up to 3 registered paternatively, single firm (having as y or agent) and the nart attorneys or agents. If ill be printed or type) the patent. If an assign a assignment. "Y and STATE OR CO	ist int attorneys a member a cres of up to no name is acc is identified below, the country)	03/21/2	005
nomprovisional EXAM NGUYEN, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1. The Address indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI CONTRACTOR Please oheck the appropriate In The following fee(s) are of the set	NO MINER KHIEM M c address or indication of "F lence address (or Change of 22) attached. ion (or "Pee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion EE LS SSEMM assignee category or categor enclosed:	art UNI 2839 ee Address" (37 Correspondence arion form c of a Customer E PRINTED ON Tollow, no assignee dof this form is NOT (B) crics (will not be printed to the control of the customer)	2. For printing on (1) the names of or agents OR, alre (2) the name of a registered attorne listed, no name w HE PATENT (print lata will appear on a substitute for filin RESIDENCE: (CI) The Calcol nted on the patent): Psyment of Fee(s): A check in the sr	\$300 LASS-SUBCLASS 385-071000 the patent from page, I to 3 registered patent and the nem to a single film (having as y or agent) and the nem to attorneys or agents. If all be printed or type) the patent. If an assign an assignment. "Y and STATE OR CO	st st int attorneys 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	03/21/2	005
nonprovisional EXAM NGUYEN, 1. Change of correspondence (CPR 1.363). Change of correspond Address form PTO/SB/1. "Foe Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI (B) NAME OF ASSIGNI (C) I SSIGNIE NAME AND Please check the appropriate 4a. The following fee(s) are of the state of the spiropriate 4b. Issue Fee	NO MINER KHIEM M c address or indication of "F lence address (or Change of 22) attached. ion (or "Pee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion EE LS SSECTI assignee category or categor enclosed: mall entity discount permitte	art UNI 2839 ee Address" (37 Correspondence arion form of a Customer E PRINTED ON Tollow, no assignee dof this form is NOT (B) circs (will not be printed to the content of the customer) 4b. dd)	2. For printing on (1) the names of or agents OR, alre (2) the name of a registered attorne 2 registered paten listed, no name w HE PATENT (print lata will appear on a substitute for filin RESIDENCE: (CT) The Calcol Payment of Fee(s): A check in the ar	\$300 LASS-SUECLASS 385-071000 the patent from page, I to to 3 registered patent from the page of the patent from the page of the patent of the name of the patent. If an assign an assignment. Yeard STATE OR CO Individual Community of the fee(s) is entitled to the fee(s) is entitled.	st st int attorneys 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	document has be	005

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Typed or printed name Chastopher

Registration No.

'OS

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTC to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Parent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Parents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction. Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 11/04) Approved for use through 04/30/2007.

U.S. Patent and Trademark Office: U.S. DRPARTMENT OF COMMERCE OMB 0651-0033

PAGE 1/1 * RCVD AT 1/5/2005 10:00:30 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/1 * DNIS:7464000 * CSID:8289015206 * DURATION (mm-ss):00-56